

PERCEPTION OF THE ACTIVITIES THE DISTRICT MEDICAL CHAMBERS AMONG THEIR MEMBERS

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Purpose: This article aims to identify the perception of district medical chambers' activities in their members' environment.

Methodology: As part of the adopted research convention, questionnaire surveys were conducted. Their participants were doctors and dentists representing selected district medical chambers. The group covered by the analysis consisted of 146 persons. The secondary data comes from the studies of the Supreme Medical Chamber.

Findings: An integral part of the research was identifying respondents' opinions on selected directions for the activity of district chambers. Based on the analysis of the primary material obtained, it was found that the respondents are not satisfied with the undertakings initiated by the medical chambers.

Research limitations: The article contains a preliminary study. In the future it is planned to conduct additional quantitative and qualitative research.

Practical implications: The issue of professional self-government is examined through the prism of the activities of district medical chambers. These chambers exemplify the activities of the medical professional self-government, which is perceived as one of Poland's oldest and best-functioning self-government. It is worth emphasising that under the current legal order, every doctor and dentist granted the right to practice a profession is a member of a selected chamber.

Social implications: The activity of professional self-government is an essential area of academic inquiry, as well as one that addresses issues linking theoretical issues to business practice. The highlighted topic is also part of the scope of research in the social sciences, including those dealing with organisational management. In the literature on the subject, professional self-government is considered an independent and autonomous institution established to perform tasks of an administrative nature by a specific group of persons.

Originality: The article concerns current scientific problems and economic practice.

Keywords: medical professional self-government, profession of public trust, district medical chambers, Supreme Medical Chamber, surveys research.

Category of the paper: research paper.

1. Introduction

Self-government is an example of an essential conceptual category that constitutes the implementation of critical tasks ensuring socio-economic order (Muszyński, Skuczyński, 2020). Historically, its functioning resulted from the neighbourhood, understood as the coexistence of people with property rights and rights to decide on common interests in a particular area (Bandarzewski, 2014). Local government can be seen as a form of public participation in governance – specific communities make decisions about their affairs (Smarż, 2021, p. 62). Most often, the term is defined in selected subject areas. One of these is that of a professional nature. The general trend shows that professional self-government functions as an independent and autonomous institution established to perform tasks of an administrative nature by a specific group of people (community) (Mrożek, 2019; Muszyński, Skuczyński, 2020).

The medical chambers are an example of the organisation of the medical self-government in Poland, considered one of the oldest and best-functioning national self-government. Its origins date back to the period of the Partitions of Poland. However, significant development of the medical self-government was recorded in the inter-war period (Antkowiak, 2010; Marek, 2020). Poland has 23 district chambers and the Military Medical Chamber in Warsaw¹. The Act sets the legal framework for their activities in Medical Chambers. The cited legal Act indicates the fundamental aspects of their material scope and the tasks undertaken. Article 5 of the Code of Medical Ethics assumes that the medical chamber is obliged to ensure that the principles of medical ethics and deontology are observed and that the dignity of the profession is maintained by all members of the medical self-government, as well as to endeavour to ensure that the provisions of law do not violate the principles of medical ethics.

This article aims to identify perceptions of the activities of district medical chambers among their members. As part of the adopted research convention, questionnaire surveys were conducted. Their participants were doctors and dentists representing selected medical chambers. The research was a pilot study and an attempt to fill a research gap in the literature on the subject. Their results were treated as a starting point for further discussion on the activity of critical units of medical professional self-government, including exploring essential issues of a theoretical and practical nature.

¹ This unit has the legal status of a district chamber but operates throughout the country.

2. District medical chamber – selected characteristics

Much attention has been paid to the details of the issues dedicated to the activities of professional self-government in the literature (Antkowiak, 2012; Bandarzewski, 2014; Kmiecik, 2018). First, this can be explained by the nature of the tasks undertaken by the entities representing the analysed market institution. According to the current legal order, professional self-government is an example of a public-law institution established by law to perform part of public administration tasks (Michalska-Badziak, 2019). According to Tyminski (2019, p. 36), the term under study is „an example of a public-legal association of persons (corporation) that performs a task from the sphere of public administration of a nature specified by the legislator”. The tasks of professional corporations may include such tasks as the observance of ethical and deontological principles through the exercise of disciplinary jurisdiction, thus securing the due level of performance of the profession (Karcz-Kaczmarek, Maciejewski, 2015, p. 67).

Notably, in Poland, granting the right to practice a profession is an example of one of the essential competencies transferred to professional self-governments through the decentralisation of public administration (Pawłowski, 2022). The professional self-government is also responsible for supervising in the public interest the exercise of professions that have the hallmarks of professions of public trust (Gulińska, 2022). The self-government undertakes this activity in its name and responsibility (Mrozek, 2019, p. 136). It is worth adding that public trust involves performing public tasks of a specific nature and is concerned with realising the public interest (Krasnowolski, 2013). Due to its nature, the profession is subject to administrative rationing of its practice (Michalska-Badziak, 2019). One such profession is that of doctors and dentists.

Article 17 of the Constitution of the Republic of Poland indicates that using a law, professional self-governments may be established which represent persons exercising professions of public trust and which take care of the proper performance of such professions within the limits of the public interest and for its protection. In the following provision of the cited article, it is assumed that other types of self-government may also be created by law. These self-governments may not infringe on the freedom of exercise of the profession or restrict the freedom to engage in economic activity. Thus, it should be emphasised that the fundamental basis for the creation of professional self-government representation is indicated in the basic law.

Medical chambers exemplify the activities of the professional self-government of Poland. According to Matyja (2021, p. 7), the studied self-government should be considered „the voice of reason and concern for public confidence in knowledge and thus concern for public health”. Medical chambers bring together doctors and dentists. The organisations analysed operate at the district level. Their members include doctors and dentists who have been granted the right to practise their profession. Membership of the chamber is obligatory and linked to the payment

of a membership fee (Kordel et al., 2011; Tyminski, 2019). The Supreme Medical Chamber (SMC) acts as the highest organ of the medical professional self-government in Poland. Its bodies are constituted due to elections held during district medical congresses.

The Act on Medical Chambers organizes the critical issues related to their activities. Referring to the statutory provisions, the following task falling within the scope of the entities in question can be identified:

- establishing and ensuring compliance with the principles of medical ethics,
- ensuring the sound and conscientious practice of the medical profession,
- granting the right to practice as well as recognising the qualifications of doctors who are citizens of European Union Member States and who wish to practise their profession in the territory of the Republic of Poland, and issuing the documents „Right to practice as a doctor” or „Right to practice as a dentist”,
- suspension and withdrawal of the right to practise and restrictions on practising the profession,
- conducting professional liability proceedings against doctors,
- conducting proceedings for unfitness to practise medicine or insufficient training to practise medicine,
- leading or participating in the organisation of in-service training for doctors,
- giving opinions and making proposals on matters of pre- and post-graduate training of doctors and other medical professions,
- chairing the committees conducting competitions for the post of chief executive officer and participating in competitions for other positions in health care, if separate regulations are provided,
- giving an opinion on doctors' candidacies for positions or functions, if separate regulations are provided,
- keeping registers of doctors, a register of medical practitioners under the terms of the regulations on medical activity, registers of training providers,
- giving an opinion on doctors' working conditions and salaries,
- integrating the medical community,
- acting to protect the medical profession, including defending the dignity of the medical profession and the individual and collective interests of members of the medical self-government,
- taking a position on the state of public health, state health policy and the organisation of healthcare,
- giving an opinion on or requesting draft legislation on health care and the medical profession,
- researching healthcare and the medical profession,

- providing interested doctors with information on the general rules of the profession, the principles of medical ethics, and healthcare legislation,
- running self-help institutions and other forms of material support for doctors and their families,
- interacting with public administrations, trade unions and other organisations at home and abroad on matters relating to health protection and the conditions for practising medicine,
- cooperation with the self-governing bodies of the medical professions and other organisations representing the medical professions at home and abroad, as well as with the authorities of the Member States of the European Union,
- cooperation with scientific societies, universities and institutes at home and abroad,
- management of the assets and business activities of the medical chambers,
- carrying out other tasks as specified in separate regulations.

Based on the tasks outlined above, the competencies of the medical chambers relate to the exercise of supervision in the practice of the profession of doctor and dentist. However, Kordel (2021, p. 30) notes that „professional control cannot be regarded as an attempt to limit the freedom to practice the profession, but as a care for quality and a kind of prevention”. The term supervision is linked to the concept of measure. The literature assumes that this concept encompasses means of influence in the substantive, personal, preventive and repressive dimensions (Tyminski, 2019, pp. 41-42). The tasks of the chambers of physicians also qualify as those that relate to giving an opinion on projects dedicated to the formation of health policy and the functioning of the healthcare system.

From the members' point of view, the chambers' undertakings in the area of familiarisation with the rules related to the practice of the profession, medical ethics, health care legislation, or self-help initiatives are essential. In the opinion of the researchers, „the empowerment of professional self-governments to define the rules of professional ethics and related duties, as well as their enforcement through disciplinary proceedings, is an expression of the will of the legislator, who is aware of the fact that it is in the public interest that professional entities such as professional self-governments express themselves in the indicated issues” (Karcz-Kaczmarek, Maciejewski, 2015, p. 72). However, it should be added that the activities of professional self-governments – as entities performing public tasks – are also subject to judicial control (Gut, 2023, p. 82). In this way, the protection of individual rights is guaranteed in the situation of their violation due to the activities undertaken by the self-government.

The medical chambers are regarded as competent and opinion-forming entities with which the public administration bodies, trade unions and similar medical organisations in other countries of the European Union can conduct a dialogue. It is worth mentioning that the legislator has also entrusted the chambers with tasks to build cooperation with scientific organisations and academic institutions, of which those with a medical profile at home and abroad may be of exceptional importance.

3. Doctors and dentists as stakeholders of the district medical chambers

Doctors and dentists exemplify a crucial group of stakeholders in the district medical chambers. Their membership in the professional self-government implies several fundamental issues that can be considered through the prism of the chambers' activities and those of a personal nature. The first aspect highlighted indicates the impact of the chambers in question on the representation of the interests of medical practitioners and the observance of the principles associated with the exercise of a profession of public trust. On the other hand, the second aspect can be linked to the involvement of doctors and dentists in undertakings initiated by district medical chambers. In light of the comments made, it can be considered that the outlined issues are related to the stakeholder theory, which illustrates the activities of the medical professional self-government.

Stakeholder theory allows external and internal stakeholders to be distinguished. A properly conducted process of identifying stakeholder groups and estimating the impact of their influence (at the organisation-stakeholder level) determines modern organisations' decisions (Korenkiewicz, 2018). There is a perception that the traditional approach views stakeholders as autonomous, independent entities (Banasik, 2016). Analysing the cited concept in the context of the activities of district medical chambers, the group of their internal stakeholders consists of doctors and dentists. The distinguished professional group is an example of a critical stakeholder group of the health care system (Wu et al., 2018). In addition, the safety and quality of medical services depend, among other things, on their availability in the healthcare system (Manczak, Ciepiela, 2024). According to the statutory provisions, every doctor and dentist granted the right to practice a profession is a member of the selected chamber. Importantly, membership in the discussed units of the medical self-government is obligatory for all persons conducting activities within the discussed medical professions (Karkut, Kolankiewicz, 2022). Doctors and dentists are separate medical professions functioning within one professional self-government. Indicating the differences in the subject of the profession, the scope of competence of doctors is general. In the case of dentists, on the other hand, it is assumed that the scope covers only the provision of health services to patients related to diseases such as diseases of the teeth, oral cavity, craniofacial part and adjacent areas (Tyminski, 2019, p. 49).

The list of rights of members of the medical self-government includes the following activities (DMC in Krakow, 2024):

- participation in the election of chamber bodies (active and passive right),
- access to information on the chambers' activities,
- to benefit from the chambers' assistance with continuing professional development and the protection of proper conditions for the practice of the medical profession,

- to benefit from the protection and legal assistance of the chambers' authorities in matters relating to the practice of the profession of doctor and dentist,
- use of the chambers' social benefits and self-help activities.

The duties of members of the chambers may include, among other things, observing the rules of medical ethics and the regulations related to the medical profession, as well as complying with the resolutions of the bodies of the medical chambers.

Table 1.

Summary numbers of doctors and dentists by district medical chamber (DMC) membership and professional titles in 2024

Specification	Number of all current chamber members			
	Doctors	Dentists	Dual practising rights	Total
DMC in Białystok	5951	1560	27	7538
Beskidzka DMC in Bielsko-Biała	2965	905	14	3884
Bydgoszcz MC in Bydgoszcz	4259	776	10	5045
DMC in Gdansk	11354	3311	16	14681
DMC in Gorzów Wielkopolski	966	347	3	1316
DMC in Katowice	15569	3593	88	19250
Świętokrzyska MC in Kielce	4169	1120	6	5295
DMC in Krakow	15004	4154	33	19191
DMC in Lublin	9365	2461	17	11843
DMC in Lodz	12080	3365	60	15505
Warmia and Mazury MC in Olsztyn	3433	927	5	4365
DMC in Opole	2808	787	7	3602
DMC in Płock	1110	317	1	1428
Wielkopolska MC in Poznań	12802	3835	66	16703
DMC in Rzeszów	4414	1320	7	5741
DMC in Szczecin	5353	1774	14	7141
DMC in Tarnów	1441	421	2	1864
Kujawsko-Pomorska DMC in Toruń	2683	730	9	3422
DMC in Warsaw	27984	7789	158	35931
Dolnośląska MC in Wrocław	13694	3990	39	17723
DMC in Zielona Góra	1846	587	2	2435
Military Medical Chamber	3777	284	10	4071
DMC in Koszalin	1319	493	2	1 814
DMC in Częstochowa	1 776	619	12	2 407
Totality	166122	45465	608	212195

Source: (SMC, 2024).

In 2024, there are 212195 current chamber members in the NIL register. This collective has 166122 doctors, 45465 dentists and 608 medics with a dual right to practice. Doctors account for 80% of the members of the medical chambers. Based on the data published by the Medical Professional Council, it can be concluded that 155966 doctors and 41144 dentists have the right to practise their profession. 455 doctors have a double right to practice (SMC, 2024). Doctors and dentists may practise their profession within the framework of therapeutic activity under the rules set out in the Act on Therapeutic Activity.

The largest chambers of physicians include the DMC in Warsaw (35931), the DMC in Katowice (19250) and the DMC in Kraków (19191) (Table 1). It should be emphasised that the SMC updates the figures on the medical chamber members by making the lists publicly

available on its website. The available publications regarding reliably compiled public information should be considered, which illustrates the current number of medics. The SMC data are also analysed in public statistics studies on the medical workforce (CSO, 2023). Notably, the available data are also a key source of knowledge regarding the number of members of the individual chambers that comprise the national medical self-government.

Analysing SMC's figures, it can be concluded that each district medical chamber is an example of an organisation representing the interests of a larger collective of people. It may be interesting to find out the opinions of its members on undertakings undertaken by the chambers within the framework of tasks set by not only the legislator but also those constituting initiatives, taking into account the expectations and preferences of a given medical community. Identifying the members' positions of each organisation may be the starting point for undertakings aimed at improving its activities and strengthening intra-organisational relations. It was decided to detail and identify this aspect through quantitative surveys among doctors and dentists. It is worth mentioning that a similar study was initiated by the Dolnośląska MC in Wrocław in 2023. They aimed to assess the operation of medical chambers and to identify opinions on the directions of development of the medical self-government, taking into account ethical aspects and limitations of advertising in the medical and dental professions² (Dolnoslaska MC in Wrocław, 2023).

4. Purpose and procedure used

This article investigated the topic using the results of a survey. The aim was to identify perceptions of the activities of district medical chambers among their members. Treating the issue in this way determined the basic exploratory directions. Consequently, it was decided to identify respondents' opinions regarding selected projects the analysed chambers undertook. The diagnosis of the issues covered by the analysis was based on the research results conducted using an interview questionnaire among doctors and dentists.

For this discussion, the hypothesis was that the respondents rated the activities of the district medical chambers highly.

The following scopes were identified during the study:

- the subject matter, it covered the activities of the district medical chambers,
- subjective, concerned a selected professional group,
- temporal and spatial, the study was carried out between April and June of 2024.

² During the preparation of the article, the announced research results were not identified on the website of its organiser.

In order to obtain primary data, surveys were carried out among doctors and dentists. Their participants were members of selected national chambers of medicine. A survey questionnaire was used as the research instrument. In the course of the research, the PAPI technique was mainly used (Boguszewski, Hipsz, 2012). The primary data collection technique was justified by encouraging respondents to provide honest answers. Consequently, the surveyed doctors and dentists filled in the survey forms provided by the research team on their own. The authors decided to make their task more accessible and to encourage them to participate in the ongoing research.

The questionnaire survey was distributed to participants of the Polish Doctors' Swimming Championships in Debica, which was organized in April 2024. It is worth adding that doctors and dentists affiliated with selected medical chambers participate in this event, which significantly interests medical professionals. In addition, the research was conducted among doctors and dentists employed at the Healthcare Complex in Debica. Primary material was obtained by distributing a questionnaire survey to independent public healthcare institutions operating in the Wyszaków and Legionowo districts of the Mazowieckie Province.

The questions in the survey questionnaire focused on the following issues:

- respondents' opinions on the activities of the district medical chambers,
- the perception of the projects initiated by the chambers analysed among the respondents,
- participation of respondents in the activities undertaken by the chambers.

The empirical material obtained was analysed using the Statistica statistical package. The study population consisted of 146 respondents practising as doctors and dentists. The principle of non-random selection was adopted during the study, including the incidental approach and its variant of volunteer selection (Francuz, Mackiewicz, 2007). Based on the results, the adopted assumptions were verified within the framework of the developed methodology, and new problems were identified, which should be detailed in the next level of research.

5. Discussion of the results obtained

A total of 146 people participated in the completed survey. Demographic and social characteristics such as gender, job title and length of service were used to characterise the study population (Table 2).

Table 2.
Characteristics of the study group

Feature	Distribution of responses
Gender	female 61% male 39%
Professional title	doctor 87% dentist 13%
Seniority	0-10 years 26% 11-20 years 19,2% over 20 years 54,8%

Source: own research.

Female respondents accounted for 61% of the group included in the analysis. Notably, women also predominate in Poland's general population of doctors and dentists. Data from SMC (2024) shows that women constitute 63,3% of the district medical chamber members. Based on the data obtained, the surveys involved mainly women practising medicine for over 20 years. It was noted that the female respondents represented an experienced group of medics.

The frequency of respondents' participation in events organised by the district medical chambers was analysed (Figure 1). Over half of the respondents declared participation in one event on the scale. This event could be the Polish Doctors' Swimming Championships in Debica. One in three respondents felt they had the opportunity to participate in several initiatives yearly.

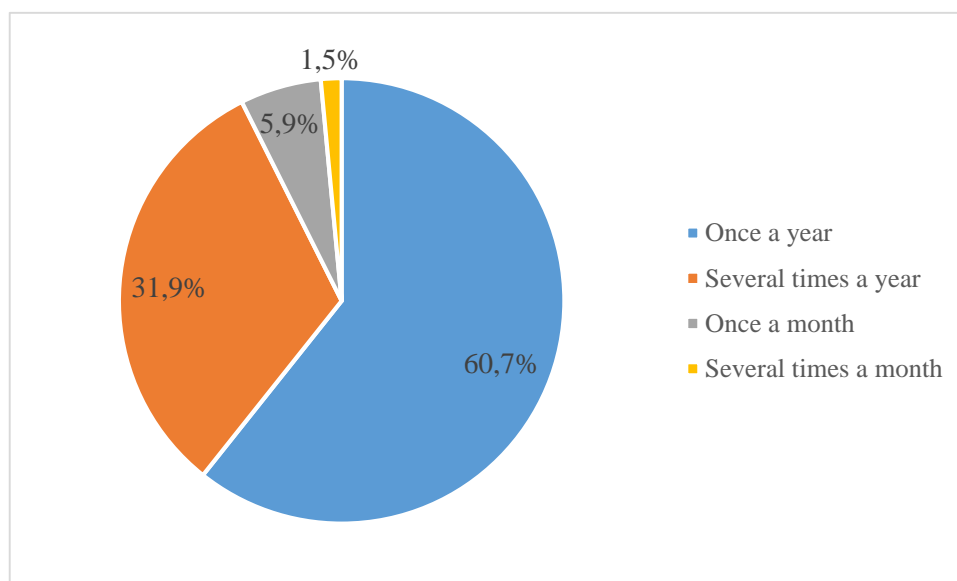


Figure 1. Frequency of respondents' participation in events organised by district medical chambers.

Source: own research.

It was decided to examine the respondents' satisfaction with the events offered by the district medical chambers (Figure 2). The results showed that 40% of the surveyed population declared themselves satisfied. However, one in three respondents chose „do not know”. It can be concluded that the survey participants were unfamiliar with the offer of events initiated by the chambers in question or did not have the opportunity to participate.

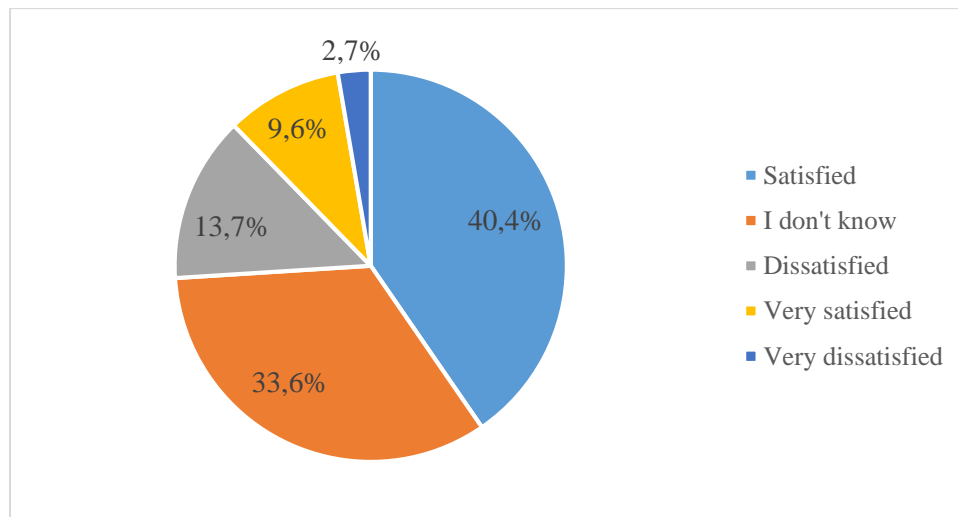


Figure 2. Respondents' satisfaction with the offer of events created by the district medical chambers.

Source: own research.

Another aspect analysed concerned the perception of the degree of integration of members of the medical chamber in the respondents' environment. It is worth recalling that, according to Drucker (1993), the integration of an organisation is more important than the education and skills of its managers. The position presented undoubtedly applies to all entities operating in the socio-economic landscape. The problem highlighted remains a fundamental issue from the point of view of organisational management and the issues addressed in contemporary literature (Van den Hout, Davis, 2022).

Based on the results obtained, one in three respondents rated the degree of integration of the medical chamber members as average, while one in five had no opinion on the subject. This aspect scored low among the respondents. Therefore, it can serve as a starting point for activities to increase the degree of integration of the medical chamber community.

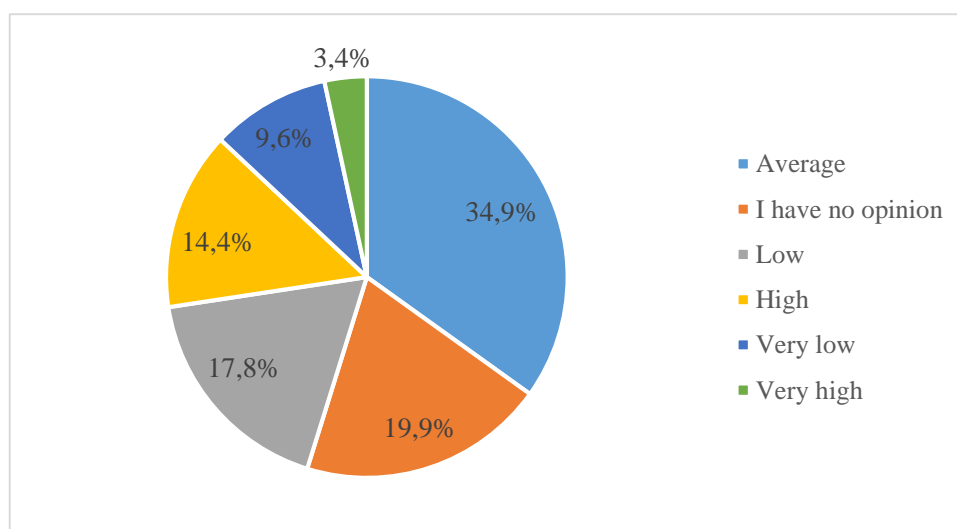
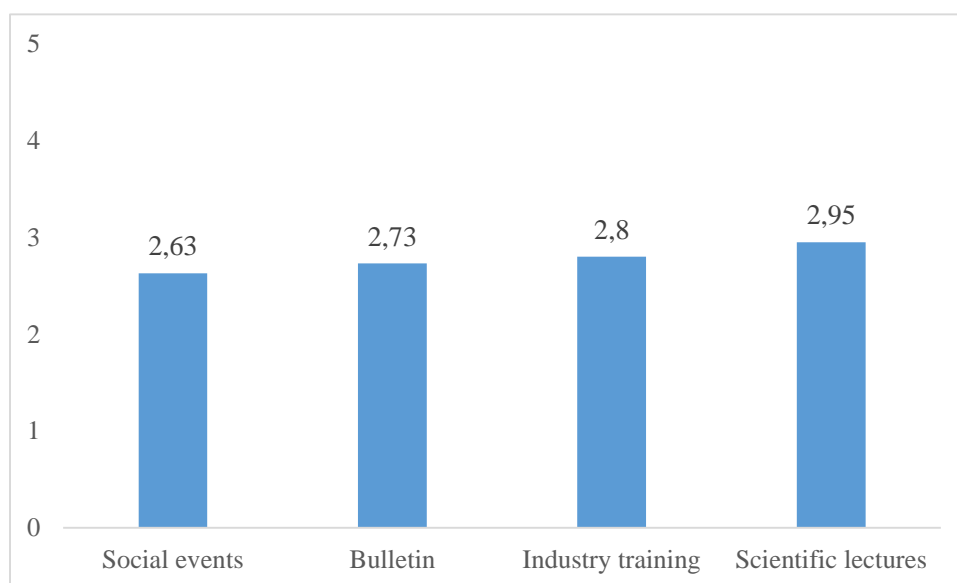


Figure 3. Evaluation of the degree of integration of the members of the district medical chamber in the community of the respondents.

Source: own research.

The chambers' official websites provide information on their content and organisational activities. Through these, various events are announced. The chambers most often organise professional training, social events or scientific lectures. The chambers also publish newsletters and medical newspapers that report on scientific (congresses, conferences, workshops) and sporting/cultural events (tournaments, competitions). It was decided to examine the respondents' opinions regarding selected substantive and organisational undertakings. The following undertakings were distinguished in this category: social events, professional training, scientific lectures, and publications. Based on the results, it can be concluded that the undertakings were rated as average (Figure 4). The respondents gave higher ratings to scientific lectures organised by the medicine chambers. This element was rated within a range of 3. However, the differences in the individual rated categories could have been better.



* A five-point scale was used, where 1 means a very low rating, 2 a low rating, 3 a medium rating, 4 a high rating, 5 a very high rating.

Figure 4. Evaluation of the content and organisational level of selected projects initiated by the chambers of medicine in the community of respondents*.

Source: own research.

The results obtained on the substantive and organisational level of selected projects initiated by the chambers of medicine were analysed according to the seniority of the respondents (Table 3). It was assumed that the study participants may have different perceptions of the examined issues. The analysed population was divided into two subgroups. The first group consisted of medics with less than 20 years of work experience, while the second group included respondents with more than 20 years of work experience.

Table 3.

Assessment of the content and organisational level of selected projects initiated by the medical chambers by the seniority of the respondents

Specification	Seniority	
	≤ 20 years	> 20 years
Social events	2,44	2,73
Bulletin	2,48	2,91
Industry training	2,56	2,95
Scientific lectures	2,75	3,1

Source: own research.

In each category assessed, the respondents with a more excellent seniority group were given higher scores. However, generalising the results obtained, it can be concluded that the surveyed medics could have been more satisfied with the content and organisational level of the undertakings adopted for the analysis. These projects should be rated below 3.

Short interviews were also conducted with respondents during the collection of primary material. Their interlocutors were mainly those who signalled critical comments on the activities of the medical chambers. In this way, it was possible to outline essential areas of interest to the boards of the entities surveyed. The comments made by the respondents can also contribute to the notion of corrective measures in the management of the chambers of physicians and to public discussion in their forums. Generalising the positions presented, the following issues can be identified:

- the mismatch between the chamber's activities and current events,
- the low level of content of the newspapers and newsletters published, including their poor distribution,
- the low level of content of the training provided,
- lack of clearly defined funding rules for the participation of chamber members in selected events (e.g. sports),
- underdeveloped marketing message, including without taking into account the needs and preferences of young medics,
- difficulties in the area of communication with chamber staff,
- cultural events initiated by the chambers do not meet the expectations of their potential participants,
- the existence of information noise in the flow of messages about events initiated by the chambers, which makes them difficult to receive,
- respondent's lack of ties to the chamber, with the consequence that they are not convinced of the legitimacy of its existence,
- the topics and dates of the events arranged by the individual chambers coincide with the dates of critical medical congresses or conferences held in other cities,
- uncertainty about the chamber's actions taken in the area of medical protection and their precise position in a situation requiring intervention,
- greater openness of the chambers to new challenges.

The problem areas presented above signal critical organisational issues that require a broader discussion at the level of the medical chambers and SMC authorities. Moreover, they explain the respondents' responses and their low assessment of the activities of the entities in question. The analysis of the results justifies not only deepening the aspects falling within the scope of quantitative research but also encourages qualitative research. Within the framework of in-depth interviews, an attempt should also be made to identify solutions conducive to the initiation of practical actions and adapted to the expectations and preferences of the members of the national medical self-government.

6. Conclusions

To summarise the considerations made, surveys among the members of any organisation about the activities it undertakes can contribute to developing effective development strategies. However, formulating such a plan also requires the participation of all groups concerned, including knowledge of their long-term goals (Drucker, 1999). Based on the presented position, a survey was carried out among the representatives of the medical professional self-government. The results made it possible to address the assumptions and gather interesting observations for further research. It was possible to obtain valuable primary material during the interview with the respondents using the PAPI technique.

The hypothesis was negatively verified. Based on the analysis of the primary material obtained, it was found that the respondents are not satisfied with the undertakings initiated by the medical chambers. Several critical remarks were noted to clarify their opinions and should be taken as a premise for defining new research problems. These problems correlate with managing medical chambers' activities, stakeholder theory and leadership formation. The latter aspect illustrates the key themes troubling organisational management researchers. In Drucker's (1999) view, leadership is responsible for identifying areas for analysis and evaluation, protecting the organisation from wasting resources and ensuring accurate results. The view links the considerations that illustrate theoretical issues concerning district medical chambers' activities with the results of empirical research carried out among medical professionals.

In pointing out the limitations of the research carried out, it is essential to refer to the size of the population included in the analysis. It was relatively small. However, it was a significant challenge to obtain respondents interested in completing the survey questionnaire during the research. It is worth emphasising that the survey of medical professionals was treated as an introduction to a broader study, which will be continued. However, the observations made also contribute to the detailing of the issue, which combines theory with issues of an applied nature in business practice. It is planned to expand the research concept, including deepening it through qualitative methods (e.g. individual in-depth interviews).

Acknowledgements

Publication financed by the Krakow University of Economics within the framework of the Conference Activity Support Program - WAK-2024.

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